

# DCFS WORK SCHEDULE REQUEST FORM

Employee Name:		Personnel Number:		Office/Region:	
Job Title:			Requested Start Date:	*	

**\*Start Date must be a prospective date at the beginning of a pay period if changing from one work schedule option to a completely different option.**

**Check option you are requesting:**

- ☐ **Option 1:** Five 8-hour work days \_\_\_\_ AM to \_\_\_\_ PM with \_\_\_\_-minute (30, 45, or 60) meal period.
- ☐ **Option 2:** Four 10-hour work days \_\_\_\_ AM to \_\_\_\_ PM with day off on ☐M ☐T ☐W ☐Th ☐F each week with \_\_\_\_-minute (30, 45, or 60) meal period.
- ☐ **Option 3:** Four 9-hour work days \_\_\_\_ AM to \_\_\_\_ PM and one 4-hour work day \_\_\_\_ AM to \_\_\_\_ AM/PM on ☐M ☐T ☐W ☐Th ☐F with \_\_\_\_-minute (30, 45, or 60) meal period.
- ☐ **Option 4: Available to FLSA Exempt Employees ONLY** - Four 9-hour work days \_\_\_\_ AM to \_\_\_\_ PM. and one 8-hour work day \_\_\_\_ AM to \_\_\_\_ PM for one week of pay period **AND** Four 9-hour work days \_\_\_\_ AM to \_\_\_\_ PM with day off for one week of pay period with \_\_\_\_-minute (30, 45 or 60) meal period
- Day off and 8-hour work day occurs on: ☐ M ☐ T ☐ W ☐ Th ☐ F
- Day off occurs during ☐ Week 1 ☐ Week 2 and 8-hour work day occurs on opposite week.
- ☐ **Option 5: Available to Shift Schedule Employees ONLY** - 24 hours/7 days with varied shift hours in order to provide 24-hour coverage/services.

**Note:** Employees selecting **Option 2 or 3** will be subject to a temporary work schedule change to 5-8 hour days for those work weeks that a legal or designated holiday is observed. Employees selecting **Option 4** will be subject to a temporary work schedule change to 5-8 hour days for the entire two week pay period that a legal or designated holiday is observed.

In requesting this alternate work schedule and signing below I acknowledge and agree that:

- Once a plan is approved, it shall remain in effect for a minimum of three months unless:
  - a. returning to a regular five day work week; or
  - b. altering or canceling this schedule is determined necessary by supervisor, unit manager or appointing authority to ensure adequate office coverage and/or adequate service delivery; or
  - c. unusual situations and/or emergency circumstances warrant change and approved by supervisor, unit manager and/or appointing authority;
- I retain responsibility for all duties, assignments, activities, training requirements, attendance at meetings and service delivery for all assigned cases/clients/customers; and
- I will abide by DCFS Policy 4-20, Work Hours for DCFS Personnel, and understand that failure to do so will result in forfeiture of the alternate work schedule option.
- Substandard performance or work quality on my part may result in this privilege being revoked.

Employee Signature:		Date:	
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## REQUIRED APPROVALS:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor Signature:		Date:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Appointing Authority or Designee Signature:		Date:	

**Form Disposition:**

☐ Copy to Employee      ☐ Original to Employee's Supervisor      ☐ Copy to State Office Human Resources Section\*\*

**\*\*Submit copy to S.O. HR Section for new employee or for existing employee making change to his/her Work Schedule option. Requests to change hours of work only do not need to be submitted to S.O. HR Section.**

**For State Office Human Resources Section Use Only:**

Date Entered in LaGov: \_\_\_\_\_ Entered by: \_\_\_\_\_